

TRANSMITTAL FORM

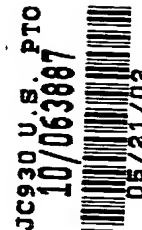
Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility
Patent Filing

Attorney Docket
Number:

AMIP0015USA



SCRIBE LINES FOR INCREASING WAFER UTILIZABLE AREA

First Named Inventor: Chien-Chih Fu

SUBMITTED BY

Name:

Mr. Winston Hsu

Registration Number:

41,526

Electronic Signature Mark: Winston
Hsu

Date Signed: 20020522

Name:

Mr. Mord Michael Lewis

Registration Number:

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Michael Lewis

Date Signed: 20020522

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FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 419

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Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name:

WINSTON HSU

Electronic Signature Mark:

VAEB-JMXX-8IIL

Date Signed:

20020522

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 21	203	\$ 9	1	\$ 9
Independent Claims: 2	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 9

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	581	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40

10063887-052102

Attached Files:

declaration

AMIP0015DEC1.TIF

declaration

AMIP0015DEC2.TIF

specification

AMIP0015.xml

bibb-transmittal

AMIP0015apds.xml

patent-assignments

AMIP0015asgn.xml

fee-transmittal

AMIP0015fee.xml

Attached Image File(s):

AMIP0015DEC1.TIF

AMIP0015DEC2.TIF

10063887_052102



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Approved for use through 10/31/2002. OMB 0651-0031
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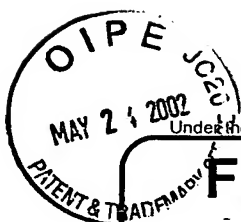
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/063,887
	Filing Date	05/21/2002
	First Named Inventor	Chien-Chih Fu
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number AMIP0015USA

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mord Michael Lewis
Signature	<i>Mord Michael Lewis</i> Agent # 50,478
Date	5/23/2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 			
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PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	10/067, 887
		Filing Date	05/21/2002
		First Named Inventor	Chien-Chih Fu
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Attorney Docket No. AMIP0015 USA

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-0801 Deposit Account Name: North America International Patent Office <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE Large Entity Small Entity Fee Code (\$) Fee Code (\$) Fee Description Fee Paid 101 740 201 370 Utility filing fee 106 330 206 165 Design filing fee 107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee 114 160 214 80 Provisional filing fee SUBTOTAL (1) (\$) 0.00			
2. EXTRA CLAIM FEES Total Claims: <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/> Independent Claims: <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = <input type="text"/> Multiple Dependent: <input type="text"/> = <input type="text"/> Large Entity Small Entity Fee Code (\$) Fee Code (\$) Fee Description Fee Paid 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0.00			
**or number previously paid, if greater; For Reissues, see above		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	WINSTON HSU	Registration No. (Attorney/Agent)	41,526
Signature	5/22/2002 Winston Hsu	Telephone	886-2-8923-7350
		Date	

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